



EXPRESS MAIL NO. EV322529362US  
Attorney Docket No. P9529  
Client/Matter No. 46234.0084.000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Victor Dolecek

Serial No. 09/832,518

Filed: April 9, 2001

For: AUTOLOGOUS PLATELET  
GEL HAVING BENEFICIAL  
GEOMETRIC SHAPES AND  
METHODS OF MAKING THE SAME

Art Unit: 1651

Examiner: J. Witz

Confirmation: 1198

FEB 25 2004

CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop Fee/Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The undersigned hereby certifies that the following documents:

1. Amendment and Response Under 37 C.F.R. § 1.111;
2. Fee Transmittal;
3. Check in the amount of \$420;
4. Petition for Two Month Time Extension;
5. Return postcard; and
6. Certificate of Mailing By Express Mail

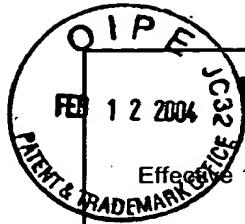
relating to the above application, were deposited as "Express Mail," Mailing Label No. EV322529362US with the United States Postal Service, addressed to Mail Stop Fee/Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Feb. 12, 2004  
Date

Sarah S. O'Rourke  
Mailer

Feb. 12, 2004  
Date

Sarah S. O'Rourke  
Sarah S. O'Rourke, Reg. No. 41,226  
HOGAN & HARTSON LLP  
One Tabor Center  
1200 17th Street, Suite 1500  
Denver, Colorado 80202  
(720) 406-5385 Tel  
(720) 406-5301 Fax



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$420)**

## Complete if Known

Application Number	09/832,518
Filing Date	April 9, 2001
First Named Inventor	Victor Dolecek
Examiner Name	J. Witz
Group / Art Unit	1651
Attorney Docket No.	P9529

## METHOD OF PAYMENT (check all that apply)

check  credit card  money order  other  none  
 Deposit Account

Deposit Account Number **50-1123**

Deposit Account Name **Hogan & Hartson L.L.P.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for ex parte reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SRI after Examiner action	
110	55	Extension for reply within first month	420
420	210	Extension for reply within second month	
950	475	Extension for reply within third month	
1,480	740	Extension for reply within fourth month	
2,010	1,005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,330	665	Petition to revive - unintentional	
1,330	664	Utility issue fee (or reissue)	
480	240	Design issue fee	
640	320	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Info Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
770	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
770	385	For each additional invention to be examined (37 CFR § 1.129(b))	
770	385	Request for Continued Examination	
900	900	Request for expedited examination of a design application	
Other fee (specify) .....			

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
770	385	Utility Filing Fee	
340	170	Design filing fee	
530	265	Plant filing fee	
770	385	Reissue filing fee	
160	80	Provisional filing fee	

**SUBTOTAL (1) (\$)**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20**=	<input type="text"/> X <input type="text"/> =	<input type="text"/>
			-3**=	<input type="text"/> 0 X <input type="text"/> =	<input type="text"/> 0 =

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
18	9	Claims in excess of 20
86	43	Independent claims in excess of 3
290	145	Multiple dependent claim, if not paid
86	43	**Reissue independent claims over original patent
18	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

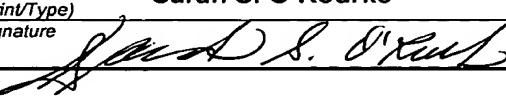
\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

**(\$420)**

## SUBMITTED BY Complete (if applicable)

Name (Print/Type) **Sarah S. O'Rourke**

Signature 

Registration No. (Attorney/Agent)

**41,226**

Telephone

**720 406 5385**

Date

**Feb 12, 2004**